

EXHIBIT 17. Total Medicaid Benefit Spending by State and Category, FY 2023 (millions)

State ¹	Total spending on benefits	Fee for service									Managed care and premium assistance	Medicare premiums and coinsurance	Collections
		Hospital	Physician	Dental	Other practitioner	Clinic and health center	Other acute	Drugs	Institutional LTSS	Home- and community-based LTSS			
Alabama	\$7,830	\$3,005	\$638	\$92	\$140	\$133	\$759	\$451	\$1,304	\$729	\$164	\$465	-\$48
Alaska	2,530	707	174	98	43	575	218	74	233	391	0	46	-30
Arizona	22,184	1,414	79	6	25	1,386	1,071	317	113	8	17,227	540	-1
Arkansas	8,605	1,417	364	1	33	92	862	132	1,080	1,184	3,068	409	-38
California	122,734	11,760	740	1,531	40	4,427	10,023	7,854	3,167	25,231	55,727	3,562	-1,330
Colorado	12,804	3,820	466	379	0	1,208	591	535	816	2,823	2,065	257	-155
Connecticut	10,326	3,014	537	173	334	338	900	698	1,699	2,038	23	671	-100
Delaware ²	3,340	77	10	63	1	3	124	-33	56	291	2,688	64	-4
District of Columbia	4,129	201	28	5	6	337	219	101	527	731	1,918	86	-28
Florida	34,194	2,720	273	385	46	279	534	183	2,379	1,960	23,471	2,409	-447
Georgia	15,937	2,413	418	17	137	21	885	406	1,739	2,078	7,143	750	-71
Hawaii	2,998	98	0	36	1	32	287	1	11	188	2,337	53	-46
Idaho	3,539	1,057	197	-	59	58	272	232	175	658	784	87	-42
Illinois	32,191	3,017	205	19	30	54	1,311	19	1,414	3,459	21,974	781	-92
Indiana	17,278	1,205	301	24	12	372	723	223	3,220	2,631	8,208	428	-69
Iowa	6,777	126	14	0	2	50	133	7	35	54	6,293	209	-147
Kansas ²	5,193	187	6	0	0	1	61	-2	95	0	4,723	151	-29
Kentucky	16,299	227	39	3	12	406	534	57	1,534	1,559	11,612	337	-21
Louisiana	16,207	614	34	-	1	33	317	128	1,776	1,270	11,676	539	-181
Maine	4,101	985	138	33	105	140	780	174	589	926	31	282	-81
Maryland	16,917	1,224	160	254	576	147	1,984	271	1,937	2,933	7,005	498	-72
Massachusetts	23,228	3,567	308	430	48	264	1,485	242	2,025	3,896	10,322	820	-179
Michigan	22,991	1,143	269	36	21	334	803	760	2,537	1,098	15,540	821	-371
Minnesota ²	18,315	573	174	24	308	177	956	-309	1,350	5,453	9,521	281	-192
Mississippi	6,324	783	184	25	12	94	300	49	1,191	655	2,704	350	-23
Missouri	15,865	2,624	7	8	29	496	923	745	1,615	3,556	5,449	493	-80
Montana	2,339	945	159	31	78	123	315	129	185	298	37	64	-25
Nebraska ²	3,749	42	1	0	0	0	73	-0	575	726	2,287	62	-18
Nevada	5,572	578	200	33	42	96	686	175	428	417	2,685	265	-34
New Hampshire ²	2,444	256	4	22	1	1	159	-84	493	461	1,098	49	-15



EXHIBIT 17. (continued)

State ¹	Total spending on benefits	Fee for service									Managed care and premium assistance	Medicare premiums and coinsurance	Collections
		Hospital	Physician	Dental	Other practitioner	Clinic and health center	Other acute	Drugs	Institutional LTSS	Home- and community-based LTSS			
New Jersey	\$22,310	\$1,467	\$64	\$0	\$26	\$539	\$1,275	\$4	\$1,083	\$2,727	\$14,863	\$608	-\$346
New Mexico ²	8,106	440	20	7	55	6	149	-11	37	768	6,438	217	-19
New York	92,445	9,288	320	12	207	1,261	4,175	658	8,391	10,503	60,049	2,999	-5,418
North Carolina	19,326	1,934	269	356	49	166	1,041	284	2,553	1,151	10,945	694	-117
North Dakota	1,515	171	41	16	24	19	63	54	438	297	380	22	-9
Ohio	31,666	1,525	140	21	12	195	920	409	2,428	4,001	21,353	850	-188
Oklahoma	8,605	3,065	847	220	79	869	799	1,442	1,041	853	111	244	-964
Oregon	14,668	427	24	6	20	480	517	108	736	3,524	8,601	358	-131
Pennsylvania	43,767	1,987	34	7	1	77	540	24	1,396	4,208	34,686	1,036	-228
Rhode Island ²	3,449	344	9	9	0	19	226	-8	299	476	1,993	101	-18
South Carolina	8,451	1,264	125	145	17	93	426	70	1,000	1,153	4,276	345	-462
South Dakota	1,173	294	76	31	8	64	96	100	212	258	2	47	-15
Tennessee	12,470	1,003	36	229	0	121	772	623	291	776	8,131	579	-91
Texas	56,514	8,271	154	10	627	22	2,507	456	1,763	2,873	38,784	1,817	-770
Utah	4,531	419	98	23	24	18	367	58	509	543	2,446	60	-35
Vermont	1,997	246	61	31	44	42	824	92	190	407	5	58	-3
Virginia ²	21,122	3,633	295	383	7	110	326	-47	432	3,485	12,761	449	-713
Washington ²	18,341	829	210	261	13	1,369	1,031	-48	1,174	4,765	19,012	582	-10,856
West Virginia	5,427	214	29	4	203	15	198	373	1,053	580	2,596	208	-46
Wisconsin	11,984	850	32	125	42	400	1,127	645	910	1,524	5,968	450	-89
Wyoming	716	163	47	14	10	54	33	49	151	179	3	24	-10
Subtotal	\$855,523	\$87,634	\$9,058	\$5,636	\$3,609	\$17,616	\$45,700	\$18,870	\$60,383	\$112,751	\$491,183	\$27,579	-\$24,496
American Samoa	60	39	1	-	-	5	13	1	-	0	-	2	-
Guam	180	102	16	4	0	1	31	22	1	0	-	3	-
N. Mariana Islands	86	58	-	4	-	8	7	6	-	1	-	2	-
Puerto Rico ²	3,869	-	-	-	-	191	40	-133	-	-	3,772	-	-1
Virgin Islands	164	63	12	18	4	13	12	35	0	7	-	1	-0
Total	\$859,882	\$87,896	\$9,086	\$5,662	\$3,613	\$17,834	\$45,803	\$18,800	\$60,384	\$112,760	\$494,955	\$27,587	-\$24,497
Percent of total, exclusive of collections	-	9.9%	1.0%	0.6%	0.4%	2.0%	5.2%	2.1%	6.8%	12.8%	56.0%	3.1%	-



EXHIBIT 17. (continued)

Notes: FY is fiscal year. LTSS is long-term services and supports. Includes federal and state funds. Service category definitions and spending amounts shown here may differ from other Centers for Medicare & Medicaid Services data sources, such as the Transformed Medicaid Statistical Information System (T-MSIS). The specific services included in each category have changed over time and therefore may not be directly comparable to earlier editions of MACStats. Collections include third-party liability, estate, and other recoveries.

– Dash indicates zero; \$0 or -\$0 indicates an amount between \$0.5 and -\$0.5 million that rounds to zero.

Additional detail on categories:

- Hospital includes inpatient, outpatient, critical access hospital, and emergency hospital services as well as related disproportionate share hospital payments.
- Physician includes physician and surgical services.
- Clinic and health center includes non-hospital outpatient clinic, rural health clinic, federally qualified health center (FQHC), and freestanding birth center.
- Other acute includes lab or X-ray; sterilizations; abortions; early and periodic screening, diagnostic, and treatment screenings; emergency services for unauthorized aliens; non-emergency transportation; physical, occupational, speech, and hearing therapy; prosthetics, dentures, and eyeglasses; U.S. Preventive Services Task Force (USPSTF) grade A or B preventive services and Advisory Committee on Immunization Practices (ACIP) vaccines; other diagnostic screening and preventive services; school-based services; health home with chronic conditions; tobacco cessation for pregnant women; private duty nursing; case management (excluding primary care case management); rehabilitative services; hospice; health home with substance use disorder; health home for children with medically complex conditions; opioid use disorder (OUD) medication-assisted treatment (MAT) services; COVID-19 vaccine and administration; qualified community-based mobile crisis intervention; and other care not otherwise categorized.
- Drugs (including OUD MAT drugs) are net of rebates.
- Institutional LTSS includes nursing facility, intermediate care facility for individuals with intellectual disabilities, and mental health facility.
- Home- and community-based LTSS includes home health, waiver and state plan services, personal care, and certified community behavioral health clinic.
- Managed care and premium assistance includes comprehensive and limited-benefit managed care plans, primary care case management, employer-sponsored premium assistance programs, and Programs of All-Inclusive Care for the Elderly. Comprehensive plans account for over 90 percent of spending in the managed care category. Managed care also includes rebates for drugs (including OUD MAT drugs) provided by managed care plans and managed care payments associated with the Community First Choice option, USPSTF grade A or B preventive services, ACIP vaccines, certified community behavioral health clinic, and services subject to electronic visit verification requirements.

¹ All states had certified their CMS-64 Financial Management Report (FMR) submissions as of May 29, 2024. Figures presented in this exhibit may change if states revise their expenditure data after this date.

² State reports negative fee-for-service (FFS) drug spending after the application of drug rebates. The negative net amount may reflect prior period adjustments, a difference in the timing of payments and rebates after a shift of some FFS drug spending into Medicaid managed care, or the state not separately reporting the FFS and managed care drug rebates.

Source: MACPAC, 2024, analysis of CMS-64 FMR net expenditure data as of May 29, 2024.